

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8	110					TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	74					
TOTAL CLAIMS	118						TOTAL CLAIMS	82					

Handwritten notes and calculations at the bottom of the page, including "12", "27", "165", "27", "165", and "175".